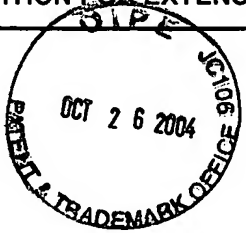
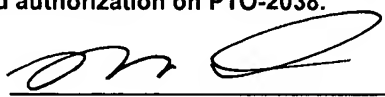
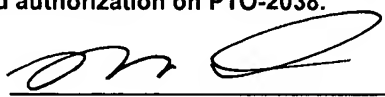
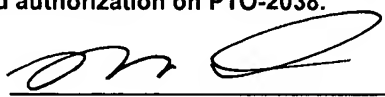


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 33082 M 113																			
	In re Application of Hiroaki SAEKI, et al.																				
	Application Number 10/019,227		Filed April 17, 2002																		
	For Attaching And Removing Unit Of Lid For Wafer Carrier																				
	Art Unit 3652	Examiner S. BRATLIE																			
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$980.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$1770 is enclosed (\$980 extension fee and \$790 for RCE filing fee).</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-4300.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record. Registration Number 23,263</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a). .</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table><tbody><tr><td><u>October 26, 2004</u></td><td></td></tr><tr><td>Date</td><td>Signature</td></tr><tr><td><u>202 263 4300</u></td><td><u>Michael A. Makuch</u></td></tr><tr><td>Telephone Number</td><td>Typed or printed name</td></tr></tbody></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>				<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$	<u>October 26, 2004</u>		Date	Signature	<u>202 263 4300</u>	<u>Michael A. Makuch</u>	Telephone Number	Typed or printed name
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$																				
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$																				
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00																				
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$																				
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$																				
<u>October 26, 2004</u>																					
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<u>202 263 4300</u>	<u>Michael A. Makuch</u>																				
Telephone Number	Typed or printed name																				

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